



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 7351

Bib Data Sheet

SERIAL NUMBER 10712,975	FILING DATE 11/13/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 011738.00144
----------------------------	---------------------------------------	--------------	------------------------	--

APPLICANTS

Ivan Osorio, Leawood, KS;

Mark G. Frei, Lawrence, KS;

** CONTINUING DATA *****

This application is a CON of 10/053,425 11/09/2001 PAT 6,671,556
 which is a CON of 09/302,516 04/30/1999 PAT 6,341,236

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 11	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

22908

BANNER & WITCOFF, LTD.

TEN SOUTH WACKER DRIVE

SUITE 3000

CHICAGO, IL

60606

TITLE

Vagal nerve stimulation techniques for treatment of epileptic seizures

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
RECEIVED	No. _____ for following:	

RECEIVED 1202	No. _____ for following:	<table border="1"><tr><td><input checked="" type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input checked="" type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input checked="" type="checkbox"/> 1.18 Fees (Issue)					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Credit					